

ABSTRACT
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A STUDY TO EVALUATE SELF-ESTEEM IN
CHILDREN OF ALCOHOLICS

Advisor: Dr. Gale Horton

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A single system design was utilized with a fourteen year old African-American female at Archer High School in Atlanta, Georgia. This study was conducted to investigate factors possibly contributing to children of alcoholics and low self-esteem. Hudson's Index of Self-Esteem was used as a baseline and during the intervention phase. This study focuses on a student with an alcoholic parent. Parameters studied include school performance, family relationships, socioeconomic factors, parental behavior and treatment/therapy. The results indicated that parental alcoholism is a strong predictor variable for low self-esteem. Furthermore, predictability of the student's low self-esteem status increased when negative parental behavior was displayed. For example, when a child is belittled or beaten by his alcoholic parent. It was also demonstrated that school performance begins to decline as a result of negative behavior displayed by the parent.

A STUDY TO EVALUATE SELF-ESTEEM
IN
CHILDREN OF ALCOHOLICS

A SINGLE SYSTEM
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ANNETTE NEAL

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Name: ANNETTE NEAL

Street Address: 1320 OLD POWDER SPRINGS ROAD #8

City, State and Zip: MABLETON, GEORGIA 30059

The director of this thesis/dissertation is:

Professor: DR. GALE HORTON

Department: SOCIAL WORK

School: CAU, JAMES P. Brawley Dr. at Fair Street
Clark Atlanta University

Office Telephone: (404) 880-8555

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CHAPTER ONE

INTRODUCTION

It is estimated that 675,000 children are seriously mistreated each year by a substance abusing parent.¹ In the families that have a parent with an alcoholic and/or drug problem, the potential for emotional abuse and neglect as well as physical abuse can have the effect of low self-esteem in their children.

Parental expectations which may result in aggressive, excessive or unreasonable demands upon their children may be induced by substances such as alcohol and drugs. These demands are beyond the child's capabilities which can very well contribute to the manifestation of low self-esteem in the child. Examples of this may include the kind of constant teasing that belittles a child, or even verbal attacks. Emotional abuse and physical abuse alike are exemplified as contributing factors that addicted parents displace upon their children in many forms. These factors affect the children's performance and attitude concerning school and concerning themselves.

People who share the same conception of right and

¹What is Child Abuse, Child Abuse Workshop - Handout, 1993.

wrong as well as other values, are bound so closely by similarities that their awareness of their own uniqueness is dampened.² This concept could be transferred to children and their parents, especially those in which drugs and alcohol are abused. The parents may project their own feelings unto their children. For example, when a parent abuses cocaine, the child may be blamed for the financial problems in the family. The parent passes his or her own guilt unto the child and eventually turns it inward. The child may feel angry and guilty and not know why. Having this extra burden can hinder a child's growth of self-esteem.³

Life scripts are formed during childhood. Every person has a life script based on early beliefs about oneself and about others. It is noted that many details of a life script are supplied by parental opinions, suggestions, and encouragements which may well include praises as well as put-downs.⁴ Harris theorized that each person chooses one of four general life scripts in regard to how he or she views him or herself in comparison with

²M. Rosenberg, Conceiving the Self (New York: Basic Books, 1979).

³C. Strivers, "Promotion of Self-Esteem in the Prevention of Suicide," Death Studies, 14(4): 303-327.

⁴Zastrow and Kirst-Ashman, Understanding Human Behavior and the Social Environment (Chicago: Nelson-Hall, 1990), 340.

others.⁵ These four scripts are first, I'm OK - You're OK, second, I'm OK - You're not OK, third, I'm not OK - You're OK, and fourth, I'm not OK - You're not OK.⁶ Children of alcoholics choose the script, "I'm not OK - You're not OK," because of unhappiness and mental disturbances experienced in childhood which inadvertently transfers into a sense of low self-esteem.

The most vulnerable family members are the children. They are at risk for a host of psychological and physical harms, not the least of which is the greater likelihood that they too will become substance abusers.⁷ They may blame themselves for the parents' problem and feel unloved and rejected. They may not reach out for help themselves because they do not realize that they are not alone. They may be vulnerable to abuse and neglect.

There is one special group consisting of children of alcoholics who face a severe challenge. These are children who are exposed to alcohol prenatally, those with symptoms

⁵T. Harris, I'm OK - You're OK (New York: Planned Parenthood Federation of America, 1969).

⁶T. Harris, I'm OK - You're OK, (New York: Planned Parenthood Federation of America, 1969).

⁷Committee on Labor and Human Resources: Subcommittee on Children, Family, Drugs and Alcoholism, Breaking the Cycle: The Effect of Alcohol on Families (Washington, DC: GPO, 1991), 2-3.

of Fetal Alcohol Syndrome or Fetal Alcohol Effect.⁸ These symptoms can include a range of physical problems which are evident at birth. Sadly to say, as these children grow they may find themselves falling farther and farther behind in school.

This study concerns a single system research project with a 14 year-old female who attends Samuel Howard Archer High School. Her parent's substance abuse of alcoholism is compromising her school attendance and performance. The purpose of this study is to evaluate self-esteem in a child of an alcoholic and to measure the effectiveness of such interventions as the Student Assistance Program and a Self-Anchored Scale on a child's self-esteem in a family with a parent who abuses alcohol. Hudson's Child Attitude Toward Mother Scale and Index of Self-Esteem was administered before and after intervention to establish a baseline and to determine the effectiveness of the intervention.

⁸Ibid., 2.

CHAPTER TWO

LITERATURE REVIEW

A growing body of research concentrates on the rise in alcohol and drug abuse by adolescents.¹ This problem has been singled out for widespread concern in many school systems. One of the major factors that may be contributing to adolescent substance abuse is the use of such substances by parents, especially the use of alcohol.² The use of alcohol is considered the drug of choice in adult society.

Children of alcoholics have been discussed from a variety of viewpoints ranging from their school performance to family relationships. Of these issues, self-esteem seems to be the most prevalent topic usually viewed in a negative manner.

There are three groups identified as children of alcoholics: First, the children exposed to alcohol prenatally. Second, children ages 0-17 who grow up in a home where the parent or parents abuse alcohol. Third, the children of alcoholics who develop the disease of alcoholism

¹G. Barnes, "The Development of Adolescent Drinking Behavior: An Evaluative Review of the Impact of the Socialization Process Within the Family," Adolescence, 12, (1977): 571-591.

²D.B.Kandel, Adolescent Drug Use and the Family Environment: Review, " Journal of Drug Issues, (1984): 271-295.

as adults.

Dodd indicated that there is one special group of children of alcoholics who face a severe challenge.³ Needless to say, this group comprises those children born with Fetal Alcohol Syndrome or Fetal Alcohol Effect. Problems for these children may be physical, as in impairment of mental functioning, or in brain dysfunction.

Children, ages 0-17, who grow up in a home where their parents abuse alcohol form a second group of children of alcoholics. These children are more than likely to exhibit symptoms of depression and anxiety and tend to have difficulties in school. For example, Suzanne Summers, an actor in the television show *Three's Company* shared her testimony of growing up as a child with an alcoholic father during this period of development. Ms. Summers stated that as a child, she never heard words that reinforced her sense of self-esteem.⁴ She exclaimed that she was conditioned by her alcoholic father to think of herself in terms of words that described her as useless, worthless, and hopeless. Her father also called her "a big zero". No matter what her mother said in a positive way to increase her sense of self-esteem, the echo of her fathers loud negative taunts rang

³Committee on Labor and Human Resources: Subcommittee on Children, Family, Drugs and Alcoholism, Breaking the Cycle: The Effects of Alcohol on Families (Washington, DC: GPO, 1991), 2.

⁴Ibid, 9.

louder in her ear's memory.

Children of alcoholics are two to four times more likely to develop alcoholism than others. Adult alcoholics who were once children of alcoholics comprise the last group to be discussed.

Adult children of alcoholics have received a great deal of attention in the psychological literature. Harman and Arbona proposed that adult children of alcoholics should be treated as a specialized therapeutic population.⁵ The concerns of adult children of alcoholics are not unique. However, the relation of parental alcoholism to the problem that they present might be considered unique.

It does not matter how the children of alcoholics are grouped. Each group has a common denominator, that of an alcoholic parent. This puts each group at risk for a variety of psychological as well as physical harmful effects.

PRIOR RESEARCH ON CHILDREN OF ALCOHOLICS

A sample of 253 children of alcoholics and 237 children of nonalcoholics were compared on alcohol and drug use, psychopathology, cognitive ability, and personality.⁶

⁵M. Harman and C. Arbona, "Psychological Adjustment Among Adult Children of Alcoholics: A Cross-Cultural Study," The Journal of Psychology, 125, no. 6 (1991): 641-648.

⁶K. Sher, K. Walitzer, P. Wood and E. Brent, "Characteristics of Children of Alcoholics: Punitive Risk Factors, Substance Use and Abuse, and Psychopathology," Journal of Abnormal Psychology, 151, no. 2 (June 1990): 195.

The study revealed that children of alcoholics have more alcohol and drug problems, stronger alcohol expectancies, higher levels of behavioral intercentral and neuroticism, and more distress in relation to non-children of alcoholics. In like manner, children of alcoholics were proven to have lower academic achievement and less verbal ability than non-children of alcoholics.⁷

A second study concentrated on adolescent children of alcoholics and substance use. This study assessed the magnitude and specificity of parental alcoholism as a risk factor for internalizing symptomatology, externalizing symptomatology, and alcohol and drug use in adolescents.⁸ In predicting alcohol use among children of alcoholics, the father's alcoholism was a specific risk factor above and beyond the more generalized effects of stress and family disruption.⁹

Angry behavior is a characteristic of many parental figures who consume and abuse alcohol. Ballard and Cummings in a study of the children from alcoholic and non-alcoholic homes presented videotaped segments of angry affect

⁷K. Sher, K. Walitzer, P. Wood and E. Brent, "Characteristics of Children of Alcoholics: Punitive Risk Factors, Substance Use and Abuse and Psychopathology," Journal of Abnormal Psychology, 151, no. 2 (June 1990): 195.

⁸L. Chassin, F. Rogosch and M. Barrera, "Substance Use and Symptomatology Among Adolescent Children of Alcoholics," Journal of Abnormal Psychology, 100, no. 4, (Nov 1991): 449.

⁹Ibid.

including verbal, indirect, non-verbal, destructive or constructive, and aggressive or affectionate, and were interviewed following each segment.¹⁰

Results demonstrated that the children perceived all forms of expression of anger as more negative and expressed more anger and distress in response to them. Adults who displayed this anger were seen as having many negative feelings toward children and toward friendly adults. The study also showed that male children of non-alcoholics responded with more anger than female children of non-alcoholics. Consequently, male children of alcoholics responded with less anger than female children of alcoholics. The final analysis concluded that being a child of alcoholic parent status and problem behavior were associated.¹¹ Higher incidents of unhappy marriages accounted for this relationship.

A final study that addressed issues concerning children of alcoholics was conducted by Jacobs, Leonard, and Krahn. In this study, adolescent children of alcoholics were observed during problem-solving discussions with their fathers alone, mothers alone, and with both parents

¹⁰M. Ballard and E. Cummings, "Response to Adults' Angry Behavior in Children of Alcoholics and Non-Alcoholic Parents," Journal of Genetic Psychology, 151, no. 2 (June 1990): 195.

¹¹M. Ballard and E. Cummings, "Response to Adults' Angry Behavior in Children of Alcoholics and Non-Alcoholic Parents," Journal of Genetic Psychology, 151, no. 2 (June 1990): 195.

together. Assessments were conducted when parents were and were not drinking alcohol. The nondistressed father-child dyads differed from both clinical samples in showing higher rates of congeniality and problem solving, whereas the impact of alcohol consumption on father-child, mother-child, or triadic interactions was not related to diagnostic status of father.¹²

Alcoholism has been identified as a prevalent and widespread mental health problem in the United States. However, the problem is no longer considered an individual's problem but a family problem where children are affected directly and indirectly. Problems of children of alcoholics have become a major issue worldwide. The effects of having an alcoholic parent is being studied in many areas, from predicting future usage in children, to parent-child interactions within a family with an alcoholic parent. All in all, the primary goal in each study is to locate problematic areas concerning children of alcoholics in an effort to implement solutions that serve to preserve families.

PARENTAL BEHAVIOR AND ADOLESCENT SELF-ESTEEM

Past comparative studies on socialization practices have focused exclusively on patterns of perceived parental

¹²T. Jacobs, K. Leonard and G. Krahn, "Parent-Child Interactions in Families with Alcoholic Fathers," Journal of Consulting and Clinical Psychology, 59, no. 1 (Feb 1991): 176-182.

behaviors and adolescent self-esteem.¹³ Self-esteem among adolescents is of particular concern because of the dynamic nature of their experiences during this stage of development. All individuals form impressions about who they think they are; however, personal identities crystalize during adolescence. Through experimentation and evaluation of experiences and effective communication between adolescents and parents, the process of identity formation can begin.

There is a direct correlation between relationships concerning adolescent self-esteem and the perception they hold in regard to their parent's supporting and controlling behavior. Specifically, parental supportive behavior has been found to be negatively related to self-esteem.¹⁴ Effort spent analyzing the extent to which adolescent self-esteem can be predicted by parental socialization behavior is considerable.¹⁵

FAMILY DYNAMICS AND OBSERVED BEHAVIOR

A survey was conducted in a population of about 8000 Greek high school students, grades 9 and 12, to investigate

¹³B. K. Barber, "Marital Quality, Parental Behaviors, and Adolescent Self-Esteem," Parent-Adolescent Interactions, (Lanham, MD: University Press of America, 1990), 49-74.

¹⁴Ibid.

¹⁵R. B. Felson and M. A. Zielinski, "Children's Self-Esteem and Parental Support," Journal of Marriage and the Family, 51 (1989): 727-736.

factors possibly contributing to alcohol consumption.¹⁶ Results indicated that family alcohol use patterns appear to be a strong influence on adolescent alcohol and drug use. In terms of the modeling theory, results discussed reflect drinking and drug behavior and the socialization process within the family.¹⁷

Regardless of the population studied, an adolescent alcoholic is more than likely to have a mother, father, or a more distant relative who is an alcoholic.¹⁸ Many believe that since alcoholic parents cope with these problems through denial, they tend to characterize their own children as weak, using them as scape goats for their own needs.¹⁹

About two thirds of children with alcoholic mothers develop some kind of emotional disorder.²⁰ Also, national statistics indicate that 5,000 teenagers kill themselves every year.²¹ The connection between these statistics was examined along with familial traits and patterns that might

¹⁶T. Hyphantis, V. Koutras, A. Liakos and M. Marselos, "Alcohol and Drug Use, Family Situation and School Performance in Adolescent Children of Alcoholics," The International Journal of Social Psychiatry, (1991) 37, no. 1, 35-42.

¹⁷Ibid.

¹⁸Ibid.

¹⁹Ibid., 42.

²⁰D. Meyers and W. Phillips, "No Safe Place: Parental Alcoholism and Adolescent Suicide," American Journal of Psychotherapy, 44, no. 4, (Oct 1990): 552-563.

²¹Ibid.

be associated with suicide.

Alcoholism in a family generally creates a situation which at least one parent is unpredictable, anxiety-ridden, belligerent or preoccupied.²² This has a profound influence on the structure of the child's psyche, especially when such behavior is evident during the child's infancy.

According to Meyer and Phillips, the adolescent who begins to experience both rage and shame may feel he had no place to go to avoid confusing and conflicting emotions and thus suicidal ideas develop.²³ This point was illustrated in a case study of a 13-year-old girl with alcoholic parents who developed emotional numbness that brought her close to suicide. Therapy sought to correct the distorted sense of self-worth and self-esteem, in order that self-hatred could abate and a correct sense of attachment could develop.

High school students whose parents are divorced and use of alcohol was studied. From a small rural high school, 106 of these students completed the Children of Alcoholics Scale, Zaks and Walters' Aggression Scale, Beck Depression Scale and a modified version of the Beck Scale of Suicide Ideation. Variance analysis showed boys were not

²²Ibid., 550.

²³Ibid.

experiencing suicide ideation any more than girls.²⁴ Suicide ideation was similar across the four grades. The sophomores' scores on alcohol dependency were significantly lower than the freshman's scores. Children from homes in which alcohol was used had higher depression scores than children from no-alcoholic homes. Research is needed to better understand the association of thoughts of suicide and drug-alcohol dependency among these high school students so that strategies for prevention and intervention can be focused upon.

TREATMENT AND THERAPY

Leisure therapy may aid in the care and treatment of alcoholics and their children. Curruthers and Hood suggest that a therapist make every effort to recognize signs that indicate alcoholism in a family and be prepared to provide the needed services for alcoholics and their children to enhance proper psychosocial development of the children and parents as well.²⁵

Leisure therapy provides an outlet for the release of stress, stress which may lead to the abuse of alcohol.

²⁴M. Workman and J. Beer, "Depression, Suicide, and Aggression Among High School Students Whose Parents are Divorced and Use Alcohol at Home," Psychological Reports, 70, no. 2, (April 1992): 503-512.

²⁵C.P. Carruthers and C. D. Hood, "Alcoholics and Children of Alcoholics: The Role of Leisure in Recovery," The Journal of Physical Education, Recreation and Dance, 63, no. 4 (April 1992): 48-52.

Diana Thomas, the daughter of an alcoholic father used both the reading and writing of fiction as a means to escape the real world of a child whose parent abuse alcohol.²⁶ Through reading and writing fiction she discovered the power and therapeutic value of fiction.

Ms. Thomas stated that she had written some ugly things in her notebook when she created her stories of fiction. However, as long as she kept writing she said that she could move from feelings of "I hate you daddy" to feelings of "I love you daddy." When material was written down, unspeakable words became speakable. If confession made her honest, she stated, fiction made her bold.²⁷ Her characters took control of her dream world and she began to suspect that she might possess the same power in her world, the real world.²⁸

A systematic evaluation of the efficacy of self-selection strategy to recruit elementary-aged children into a school based prevention program for children of alcoholics was implemented. Analysis focused on group differences according to selection classification on measures of

²⁶R.T. Young, "A different Spin: First Fiction Carried Her Away. Then it Brought Her Home," Writer's Digest, 72, no. 2, (Feb 1992): 80-82.

²⁷Ibid.

²⁸Ibid.

symptomatology and resources available to the child.²⁹

Significant differences were noted on level of concern about parents' drinking, depression, self worth, and conduct disorder. Children interested in the program seemed to score higher on measures of symptomatology.³⁰

Theoretical Framework

This study draws upon the theoretical framework centered upon personality development and self-concept.

All individuals form impressions about who they think they are. It is almost as if each person develops a unique theory regarding who he or she feels he is. Carl Rogers introduced this personal impression as the self-concept. Rogers defines self, which is synonymous to self-concept, as the organized consistent, conceptual gestalt, composed of perceptions of the characteristics of the "I" or "me" and the perceptions of the relationships of the "I" or "me" to others and to various aspects of life, together with the values attached to these perceptions.³¹ What Carl Rogers is trying to say is that a person is a product of his own experience. For example, if a child grows up in a

²⁹L. Gensheimer, M. Roosa and T. Ayers, "Children's Self-Selection into Prevention Programs: Evaluation of an Innovative Recruitment Strategy for Children of Alcoholics," American Journal of Community Psychology, 18, no. 5, (Oct 1990): 707-724.

³⁰Ibid., 723.

³¹Zastrow and Kirst-Ashman, Understanding Human Behavior and the Social Environment, 78.

household where his mother abuses alcohol and his mother beats him and or curses him and belittles him in the process, he will become a product of that experience. The child will internalize the negative taunts and possibly become an introvert with very low self-esteem. Children live what they learn.

There is a need for positive regard on the parent's behalf. Consequently, children of alcoholics seem to receive just the opposite.³² Children of alcoholics are not valued by the alcohol abusing parent or parents and is often told so. There is a strong and consistent evidence that warm and supportive parenting is linked to high self-esteem in children.³³

According to Rogers, a person's perception of experiences is influenced by the need for positive regard. He also adds that positive regard is seen as a universal need in every person.³⁴

Out of the variety of experiences of frustration or satisfaction of the needs for positive regard, the person develops a sense of self-regard. One's self-concept is

³²Whitbeck, Simons, Conger, Lorenz, Huch and Elder Jr., Family Economic Hardship, Parental Support, and Adolescent Self-Esteem, 354.

³³V. Gecas and M. Schwalbe, "Parental Behavior and Adolescent Self-Esteem," Journal of Marriage and the Family, 48, (1986): 37-46.

³⁴ Zastrow and Kirst-Ashman, Understanding Human Behavior and the Social Environment, 79.

important throughout life. One must have a positive self-concept to continue living and to be productive.³⁵

Markus and Nurius propose that there are four developmental tasks which children must undertake for adequate development of their self-concepts. Of the four tasks mentioned by Markus and Nurius, only two will be used in regards to this study.

One task for children is to decide for themselves what is right and what is wrong.³⁶ This task is difficult because children are pressured by the standards of their peers and parents as well. Standards of peers versus standards of parents are often times very different.

Secondly, children must develop confidence in themselves so that they can choose alternatives and control their own actions. This is true of children of alcoholics. One of the many characteristics of a child of an alcoholic is that he is without confidence. The absence of confidence suggests the presence of low self-esteem.

Clearly, personality development is directly related to self-concept which in turn is directly related to self-esteem. A high level of self-esteem provides a person with confidence as well as emotional strength. It is the

³⁵G. Corey, Theory and Practice of Counseling and Psychotherapy (California: Brooks, Cole, 1991), 205.

³⁶Zastrow and Kirst-Ashman, Understanding Human Behavior and the Social Environment, 94.

decision of the client to seek ways that will assist him in developing a positive self-concept. This can be accomplished with the assistance of a worker who utilizes behavior modification methods.

Definition of Terms

Need for positive regard: Need to be valued and held in esteem by others.

Need for self-regard: Need to value oneself.

Introject: To take on.

Self-actualization: Tendency for every person to develop his capacities in ways which serve to maintain or enhance the person.

Conditions of worth: Conditions of worth result from the introjection of those values of others which are inconsistent with one's self-actualization motive.

Ideal self: The self-concept which one would like to possess, what one would like to be.

CHAPTER THREE

METHODOLOGY

This section is organized in the following manner: case information, birth order information, treatment hypothesis, intervention strategy and plan, instrument and research design.

Case Information

The subject was an African-American female, aged fourteen. She was the youngest of the three children. She resided with her maternal grandfather and maternal grandmother. She was the only one of her siblings living with her grandparents. She had a brother aged sixteen who lived with a paternal aunt and another brother aged eighteen who was out on his own. She very much wanted to live with her mother but she exclaimed that she did not like her stepfather; who lived with her mother. Her biological father died when she was very young. She also had two other siblings of which are of her stepfather and biological mother. Even though she made mention of them, she did not recognize them as her "real" sister and brother.

The subject is a native of Atlanta, Georgia. She resides in the geopolitical space known as Perry Homes, which is isolated from the main vein of the city. Perry

Homes is a government housing project that is surrounded by two low income communities and one upcoming low-middle income community. Archer Comprehensive High School, the school that she attended, was located in this area as well. The subject was classified as a freshman at Archer High school.

The subject's abode housed three individuals, the maternal grandfather, aged forty nine, a mild mannered man. A maternal grandmother, aged forty seven, a argumentative alcoholic. And, the subject herself.

The subject was referred to the school social worker because of truancy and grade failure. These factors were further investigated. The social worker's findings suggested that the student was having problems at home. These problems stemmed from dynamics within the household between the subject and the maternal grandmother. However, the core of the problem was compounded by the abusive use of alcohol in which her grandmother partakes daily. The consumption of alcohol causes the grandmother to act and talk in a manner that inadvertently causes the subject to totally disregard school after a confrontation with her drunken grandmother, or the subject states that she will cut classes because her concentration is "zero" and her mind is filled with incidents of what happened at home - "So what's the use," she exclaimed. It came to the point where the subject ultimately decided to give up on school altogether.

She appeared to have no self-esteem.

The school social worker referred the subject to me. The student and I had a one on one conference. We discussed where she was at that point and where she wanted to go. She mentioned her thoughts of dropping out of school. She was immediately introduced to the reality theory which simply states that she is responsible for what she chooses in life and that she must suffer the consequences of those choices. There was a need to guide the client toward learning realistic and responsible behavior. Also, the need to assist the client in making value judgements about behavior and deciding on a plan of action for change was there. Educating the subject about the disease of alcoholism was also necessary. The conference ended and the student was scheduled to began treatment or intervention in this case.

Treatment Hypothesis

Self-concept exercises will help to improve the self-esteem of the student. The Student Assistance Program will increase the subject's knowledge of the disease alcoholism, and it will also help to increase the subject's knowledge of concepts concerning children of alcoholics and children of addicts.

The Effect of Birth Order

An interesting body of research points to sibling order as one variable affecting children's development.¹ The subject is the last-born child of her biological father and her biological mother. According to Zastrow and Kirst-Ashman the last born tends to be less achievement-oriented than the first-born, and to be at ease in the social situation.² Parents of last born children are more relaxed in their child rearing practices and in their levels of apprehension.³ Because of the episodes and events that parents have gone through in raising their first-born, they have more confidence that things will work out just fine.

Birth order has some effects on the characteristics manifested by children. However, birth order should be viewed and used by researchers with extreme caution. Socioeconomic factors as well as family dynamics should be viewed in conjunction with birth orders, as well as other variables that contribute to the development of a child's personality. The subjects development of low self-esteem cannot be predicted on the basis of birth order. The information obtained about birth order should be used as a

¹Zastrow and Kirst-Ashman, "Understanding Human Behavior and the Social Environment," pg. 149.

²Zastrow and Kirst-Ashman, Understanding Human Behavior and the Social Environment, 149.

³Ibid.

medium to bring about positive changes. For example, if middle children are said to receive less attention, according to birth order, the parent should use this and make an extra effort to give the middle child more attention.

Intervention Strategy and Plans

In this study, the intervention strategy was in the form of a counseling package to improve the self-esteem of the student. Primary intervention included activities from Jacobs, Turk, Horn, and Shanafelt's book entitled "Building Positive Self-Concept - 113 Activities for Adolescents," and assistance from the Student Assistance Program which focused on alcoholism and children of alcoholics in a group setting. Gurney, found that children who participate in a group of peers to discuss feelings and experiences had an increase of self-esteem. He showed that positive self-reverent verbal statements increased self-esteem.⁴

In the initial interview, the student expressed her feelings of dropping out of school. The reality theory was implemented immediately. During the course of conversation, the subject was given several, "If this, then what," situations concerning her future - each in a negative light and a positive light. After a while the student began to

⁴P.W. Gurney, Self-Esteem In Children With Special Educational Needs, London; Routledge. (1988)

rationalize and thus had second thoughts about dropping out of school. An appointment was made for the following week.

Three things happened in the next session: (1) The student was asked to complete the Child's Attitude Against Mother Scale to determine if there was a relationship between her self-esteem and the relationship between the student and her grandmother, and the Index of Self-Esteem to assess the magnitude of the problem she apparently had with self-esteem. (2) The student was briefed on services to be rendered by the Student Assistance Program. It was made clear that attending the sessions would be strictly voluntary. The student agreed to attend three sessions bi-weekly. (3) The student agreed to meet with me every Wednesday to discuss events of home, events of the Student Assistance Program and any of her concerns. Also, the student participated in exercises designed to increase her self-esteem.

Instrument

The Purpose of the Index of Self-Esteem is to measure the degree, severity, or magnitude of a problem the subject has with self-esteem. Self-esteem, as conceptualized and measured with respect to the Index of Self-esteem, is the evaluative component of self-concept. The subject may have a very accurate self-concept and a

severe problem with self-esteem.⁵ The Index of Self-esteem has been tested for reliability. The Index of Self-Esteem scale consistently achieves an alpha coefficient in excess of .90. As far as validity goes, the Index of Self-Esteem has been investigated with respect to content, construct, factorial and known groups validity. It almost always achieves validity coefficients of .60 or greater. The second instrument administered to the subject is Hudson's Child Attitude Against Mother Scale. This scale measured the degree, severity, or magnitude of a problem a child has with his mother. In this situation, it is the grandmother in the mother's role. The subject rates how she feels about her grandmother and how they get along.

The final measuring tool is the self-anchored scale designed especially for the student to best meet her needs. The client needed to understand what she was feeling about herself and why she was feeling that way. A rating scale of worthlessness versus worth was given. The scale scores ranged from 1 to 4. On the daily log, the student will be documenting feelings and behaviors and rating them accordingly, using the self-anchored scale. The only feelings to be rated and recorded are those of worth and worthlessness. Documentation took place once a day, at night and between the hours of 5 and 9, the hours that the

⁵Zastrow and Kirst-Ashman, Understanding Human Behavior and the Social Environment, 78.

students reports she interacts most with her grandmother. The student practiced using the rating scale, as a means of training, prior to baselining and intervention.

Research Design

This study makes use of the single system design. Single system designs basically refer to the repeated collection of information on a single system overtime.⁶ A unique feature of the single system design is the baseline - the planned, systematic collection of data on the problem before intervention is begun. This phase is known as the "A" phase. The "B" phase is the period when the intervention is implemented. Intervention refers to the medium used to acquire a change. The single system design assists in understanding causal relationships and they relate to the subject.⁷

The student was asked to stop by the social work office or the Student Assistance Program room each Wednesday to discuss matters concerning school work, attendance, home issues, Student Assistance Program meetings or anything that appeared to cause conflict within her. The sessions lasted from 30 to 40 minutes, usually first hour or fifth hour, depending upon the bell schedule. The student attended

⁶Martin Bloom and Joel Fisher, Evaluation Practice Guidelines for Accountable Professional, (New Jersey: Prentice Hall, 1982). pg. 253.

⁷Ibid.

Student Assistance Program meetings bi-weekly, for six weeks, where she learned about the disease of alcoholism, children of addicts, and self-esteem.

Other intervention activities included: A.) Drawing up a contractual agreement with the student. B.) Using poems such as "Myself," "If," and "Somebody Said That It Couldn't Be Done" as a means to increase self-concept and self-esteem. C.) Providing positive self-referent verbal statements to acknowledge and praise her accomplishment. Gurney postulates that self-esteem scores correlated positively with frequency of Positive Self-Referent Verbal Statements.⁸ D.) Encouraging the student to participate in extracurricular activities. Extra curricular activities such as band, cheerleading, debate club, etc. are excellent mediums to help build self-esteem. E.) Monitoring the students progress via attendance, grades, conference with instructors, a daily log and the Index of Self-Esteem. F). Helping the student to vent frustrations through writing poetry. Each session the student was to write two lines of poetry pertaining to her feelings about herself, her grandmother, her future and things special in her life. The finished product was a 12 line poem used as a reminder and as a motivator for the student (after the project is completed) to strive to better herself and to believe in

⁸P.W. Gurney, Self-Esteem in Children with Special Education Needs, (London: Ruthledge 1988), 1.

oneself. She also kept a copy of "Myself," "If" and "Someone Said That It Couldn't Be Done." G.) Engaging the student in self concept building exercises from a book designed for such a purpose. The book was written for grades 6 through 10.

CHAPTER FOUR

PRESENTATION OF FINDINGS

In this study, the female subject responded positively to exercises and sessions used to increase her self-esteem.

The self-anchored scale was designed with the student in order to best meet her needs. I began to formulate the scale with the student asking her when she felt the most worthless among family and friends, then we discussed placing this experience on a rating scale. This was given the score of one. Then we discussed when she felt the most worthy among others. A rating was assigned to this on the scale as a four. As a team we tried to explore a time when she felt almost completely worthy, which was given a score of three and a time when she felt almost completely worthless, which was given a score of two. Due to her age and due to little experience with discussing her feelings, only four ratings will be used:

1. Feeling completely worthless.
2. Feeling almost completely worthless.
3. Feeling almost complete worthy.
4. Feeling completely worthy.

After establishing the standards for the scale described

above, the student and I utilized the scale for three weeks prior to intervention. Questions such as these were asked: How did she feel at school? How did she feel around her grandmother? Teachers? In a group? Alone? Did she feel worthless or worthy? These results contributed to the formation of the baseline.

After researching her history and noticing that she had many of the characteristics of a child of an alcoholic or child of a drug addict, it was decided, between the student and myself, that the Student Assistance Program would be a wonderful intervention for her. Through the other teenagers' sharing their own experience, strength, and hope it would increase her feelings of worth. She was given the literature of the Student Assistance Program (See Appendix).

The student's reward was a finished poem typed on red paper, her favorite color, and placed in a glass frame. The student was asked to take two pre- and post-tests before and after intervention that would measure her attitude towards her grandmother and that would measure her self-esteem. Also, the student's daily rating was documented which indicated an increase or decrease in worth, specifically self-esteem and self-concept.

Table 1, depicts the student's weekly rating on the self-anchored scale during baseline and intervention phases.

TABLE 1

WEEKLY RATINGS OF SELF-ANCHORED SCALE

Week	Rating	Change
1	1.0%	0
2	1.2%	+.2%
3	1.2%	0
4	1.6%	+.4
5	2.2%	+.6
6	2.0%	-.2
7	2.8%	+.6
8	3.2%	+.4

The overall rating of 1.9 indicates that the student no longer feels completely worthless but is moving towards more positive feelings. The percentage of change in those

feelings is .9.

Table 2 indicates that the client appears to experience a slightly better relationship with her grandmother after intervention compared to post-test results. Gaining knowledge of the disease alcoholism probably contributed to the slight change in their relationship.

TABLE 2
PRE- AND POST-TEST MEASURES FOR
CLIENT ON THE CHILD ATTITUDE TOWARD MOTHER SCALE

Measure	Pre-Test	Post-Test	Change
CAM	64%	52%	16%

The course of the intervention is illustrated in Figure 1. The Index of Self-Esteem was administered in the final week of the baseline period, which was the third week. In this week the client scored a 38. This score is eight above the cutting score. This means that the client is experiencing a sense of low self-esteem.

With the onset of the intervention, the scores began to fall in weeks 4 and 5, however, in week 6 the score increased by 4. This was primarily due to the absences of the Student Assistant Program sessions, heated arguments with the grandmother and other unknown factors. The

following week; week 7, the client resumed activities and obtained a score of 21. A final score of 16 was obtained in week 8. The student obtained considerable respect for herself and obtained a new attitude concerning herself and who she was and what she wanted to become. Nevertheless, she can be easily swayed to continue her success in developing a sense of high self-esteem or, due to some unforeseen event, she can revert to her "baseline" character where low self-esteem was prevalent. Continuous intervention is needed. The student was urged to join an auxiliary unit as a continuous form of intervention used to increase self-esteem.

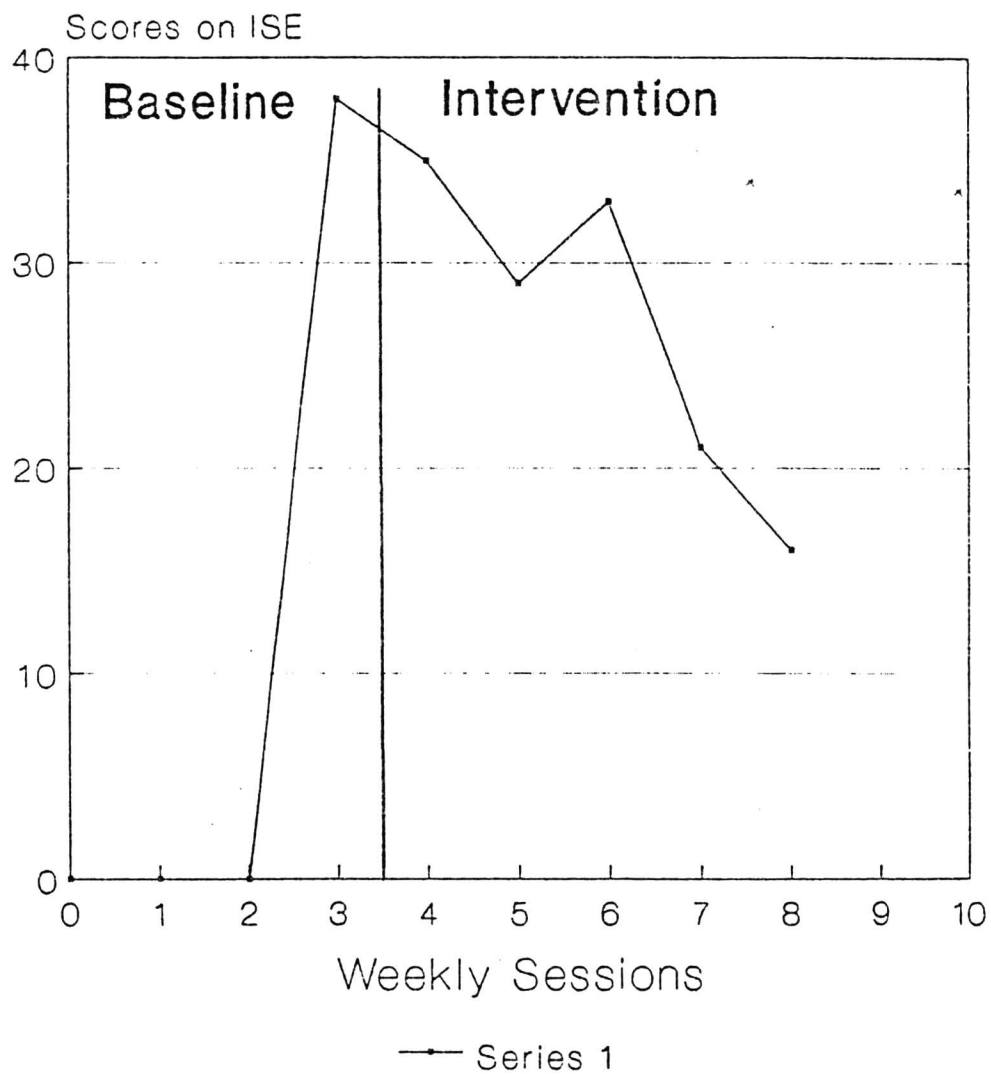


Figure 1. Index of Self Esteem Scores of Child of an Alcoholic During Baseline and Intervention Phases

The profile of a child of an alcoholic suggests that low self-esteem is prevalent. Table 3 depicts the profile of such an individual.

Table 3
CHILDREN OF ALCOHOLICS PROFILE

Inappropriate reaction to a lesson on drug education.

- * Signs of neglect in appearance or health such as inappropriate dress malodorousness and improper clothing for the weather.
- * Variations in academic performance.
- * Late or absent to school or class especially on Mondays and Fridays.
- * Difficulty in concentrating.
- * Somatic complaints such as frequent illness and visit to the nurse.
- * Chronic depression such as friendless, socially isolated, repressed feelings, emotionally detached, suicidal.
- * Judge themselves without mercy.
- * Constantly seek approval or affirmation.
- * Confused at what normal is.

Source: Rose Gordon, "How To Identify Children of Alcoholics In Schools," Fulton County Health Department, 1993.

Limitations of the Study

Limitations in this present study are two-fold. One is that an A - B design was used and various interventions were used simultaneously. These interventions include the Student Assistance Program, poetry, and activities. Since an A - B design was used it is hard to come to a true conclusion as to what caused the improvement in self-esteem. Group interaction as well as self-esteem building exercises may have contributed to the increase in self-esteem. Along with the positive self reverent statements expressed to the client.

Also, variations in the clients response can be contributed to the fact that (a) the client did not record her feelings daily, (b) the client did not attend every meeting, (c) interobserver reliability was not obtained. There was only one observer of the client's behavior (the client) so we are not sure if the behavior was reliably recorded.

The presentation of the intervention package of the Student Assistance Program, poetry reading and writing, and self-esteem building exercises were apparently found to produce somewhat of an increase in self-esteem.

CHAPTER FIVE

CONCLUSION

Implications for Social Work Practice

Children of alcoholics and children of addicts are at risk for an number of problems not necessarily related to them. These children can be identified by variations in academic performance, lateness or absenteeism to school or class; especially on Mondays and Fridays, difficulty in concentrating, and more. These were some of the symptoms that were identified in the subject contained in this study.

Special attention should be focused on children who are found out to be children of alcoholics or children of addicts. They are high risk students. Supportive programs such as the Student Assistance Program will serve as excellent interventive mediums that can aid in curtailing the behavior that has manifested in the child due to his family dynamics and due to his economic condition. Creative writing served as a marvelous medium which helped to build self-esteem in the client. I encourage it along with exercises used to build positive self-concept. Teachers should be taught, as a method of motivation, to implement such exercise during class processes.

Measures taken to help students to achieve high

self-esteem should be taken jointly. Administrators, teachers, and the social worker should have equal concerns and equal participation in these measures.

APPENDICES



A TEACHER'S VIEW

SAP is . . .

- help for students whose personal problems are affecting school performance.
- the first screening to identify possible personal problems, such as alcohol or other drug use, family issues, etc.
- not a substitute for disciplinary procedures.
- an aid to help you be more effective as a teacher.
- supported by your school and devoted to helping students be the best they can be.

Some **EARLY WARNING SIGNALS** of a personal problem are . . .

- decline in school performance
- absenteeism
- chronic lateness
- sleeping in class
- change in friends
- change in appearance
- personality changes, emotional problems
- erratic behavior

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What should you do?

Step in . . .

- when you think a problem is becoming serious.
- because the situation concerns or troubles you.
- before school performance is seriously affected.

Don't . . .

- **DELAY** — communicate your concerns to the SAP.
- **DIAGNOSE THE PROBLEM** — let the SAP handle it.
- **TREAD WATER** by accepting excuses for inexcusable behavior.

Remember . . .

- the SAP is a cooperative effort — your support is critical to its success.



Student Assistance Program

Facts About Alcohol

Key

Brain

Alcohol acts as a central nervous system depressant, causing the drinker's reactions and perceptions to slow. The highest centers of the brain are depressed first: speech, thought, cognition, restraint and judgment, followed by lower brain function, respiration and spinal cord reflexes. Depression of the respiratory reflex center by high blood alcohol concentration can lead to death. Coordination is impaired; speech is affected.

Lungs

Some alcohol can be exhaled through respiration (only a small amount). Large amounts of alcohol can slow respiration and impair breathing.

Stomach

Some alcohol is absorbed in the stomach. Gastric juices are secreted in response to alcohol. Food in the stomach can slow absorption and modify the irritating effects of alcohol. Alcohol causes irritation of the gastrointestinal tract because of the direct toxic effect of alcohol on the stomach lining and the stimulation of acid secretion. Excess and chronic consumption of alcohol can cause ulcers. Note that aspirin, taken by alcohol abusers to alleviate discomfort, may actually aggravate stomach irritation by causing hemorrhaging of the stomach lining.

Liver

Ninety percent of alcohol is oxidized (metabolized) by the liver, or about one-half ounce per hour. Cirrhosis of the liver and deposits of fatty tissue can be related to chronic alcohol consumption.

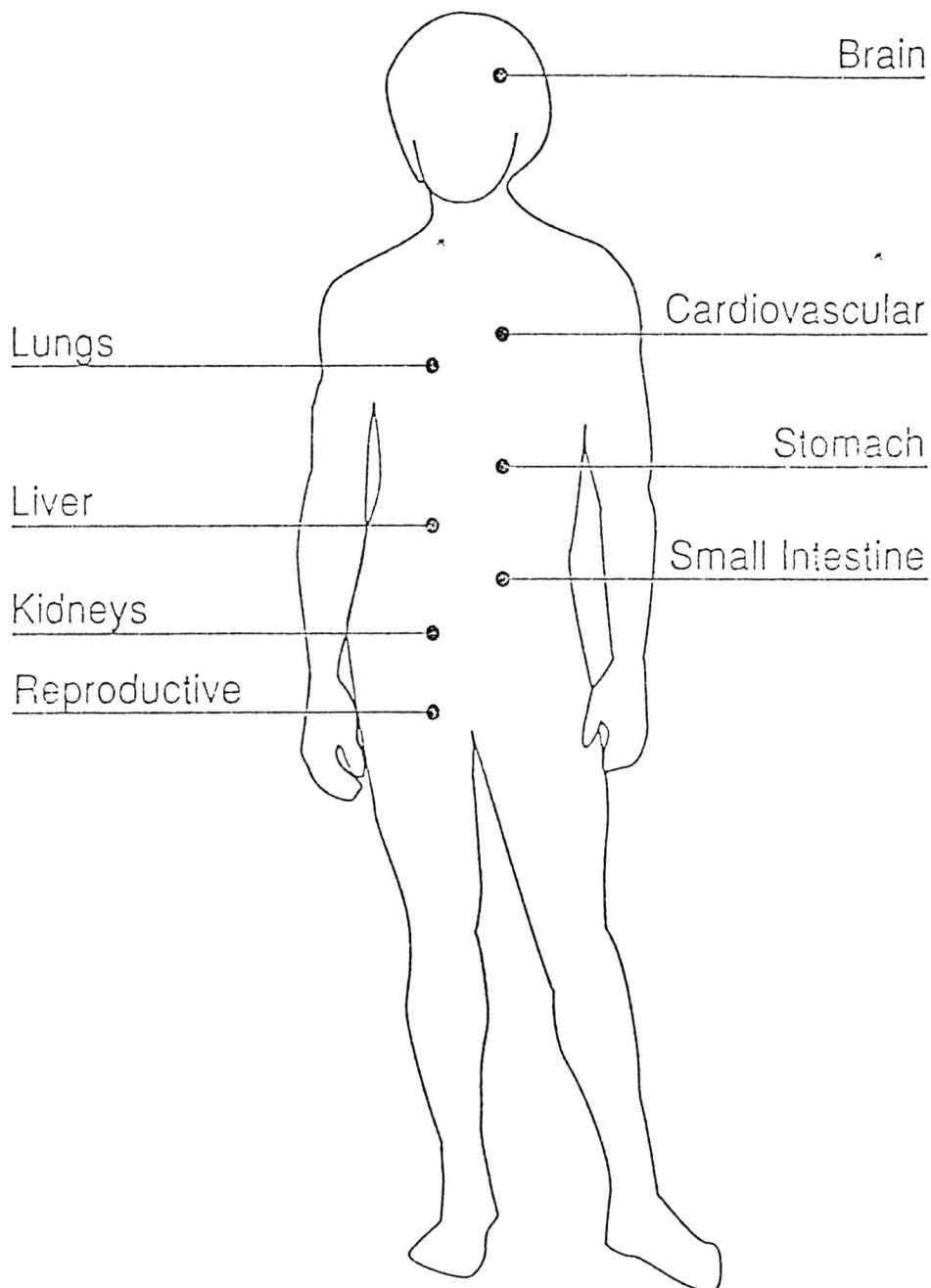
Small Intestine

Most of the absorption of alcohol occurs here.

Cardiovascular System—Bloodstream

The bloodstream carries alcohol to all parts of the body. Alcohol causes the blood vessels to dilate, especially those on the surface of the skin, giving the feeling of warmth and a flush that leads a person to use alcohol to warm up in cold weather. The body temperature actually decreases, because the person has lost body heat through dilated blood vessels. One of the physical signs of alcoholism is broken blood vessels in the upper cheeks adjacent to the nose. These result from chronic dilation of the blood vessels. Severe alcohol intoxication results in a slowed heart rate.

Effects on the Body



Worksheet
NAME THAT FEELING

This is all about:

Identifying your feelings.

What you will do:

1. Your teacher will read a poem or short story to you. Circle words in the list below that match some of the feelings the story or poem describes.
2. Your teacher will list on the board the words you and your classmates circle.
3. You will be asked to explain why you chose those feelings.
4. Select two or three words from the list that seem to describe a particular emotion.
5. Freewrite for five minutes about a dream or personal situation in which you experienced that emotion.

List:

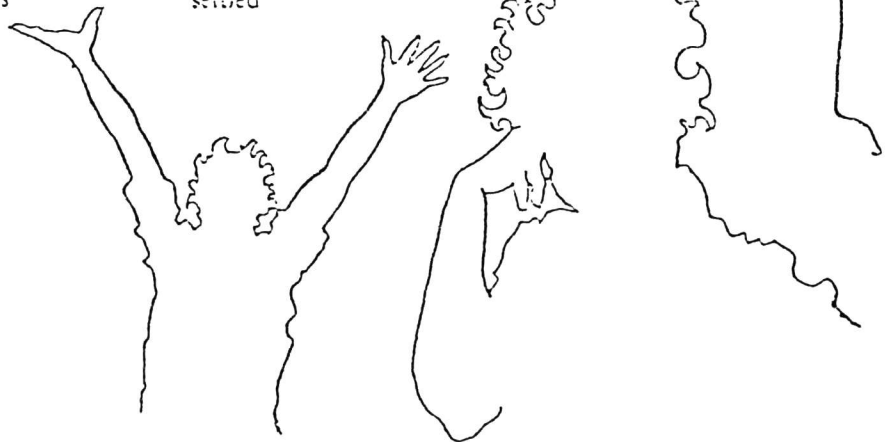
abandoned	cheated	eager
adequate	childish	empty
affectionate	clever	energetic
agonizing	combative	enjoying
ambivalent	competitive	envious
angry	confused	evil
annoyed	conspicuous	excited
anxious	contented	exhausted
apathetic	cruel	fearful
awed	crushed	foolish
bad	deceitful	frantic
beautiful	defeated	free
betrayed	delighted	frightened
bitter	depressed	frustrated
bold	destructive	glad
bored	determined	good
brave	different	greedy
calm	distracted	grief-stricken
capable	disturbed	guilty
challenged	dominated	happy



continued
Building a Positive Self-Concept

List (continued):

hating	nice	silly
helpful	nutty	sneaky
helpless	obnoxious	sorrowful
homesick	obsessed	spiteful
honored	odd	stupid
horrible	outraged	suffering
hurt	overwhelmed	sympathetic
ignored	panicked	talkative
imposed upon	peaceful	tempted
impressed	persecuted	tense
infatuated	pity	terrible
inspired	pleased	terrified
intimidated	pressured	threatened
jealous	pretty	tired
joyful	proud	trapped
kind	quarrelsome	troubled
lazy	raging	ugly
left out	rejected	uneasy
lonely	relaxed	violent
loving	relieved	weepy
low	restless	wicked
mad	rewarded	wonderful
mean	sad	worrisome
miserable	satisfied	zany
mystical	scared	
nervous	settled	



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